

## MAG TRAFFIC SIGNAL SYNCHRONIZATION PROGRAM PROJECT APPLICATION FORM

Agency Name			
Project Title			
Project Goal			
Project Description			
Please answer the following questions:			
1. Is this a multi-jurisdictional project? (y/n)			
Please list participating MAG member agencies.			
2. Please list signalized intersections addressed by the project.			
Road/Corridor			
From			
To			
Are turning movement counts available? (y/n)			
If NO, do you intend to collect the turning movement counts separately <sup>1</sup> ? (y/n)			

<sup>1</sup> The project may include the cost of collecting required traffic data. Please note that a limit of \$25,000 per project is in effect. Member agencies are advised to use other funding resources, if available, to gather traffic data.

3. What signal coordination software do you intend to use?		
4. Do you have a legal copy of this software?		
5. Is this corridor presently coordinated? (y/n)		
If YES, what type of coordination? • Time-Based Coordination      ____ • Central System Control      ____ If NO, what are the existing cycle lengths of each traffic signal? (Attach information)		
6. Does your City have in-house staff resources available, or knowledge in the design of signal timings? (y/n)		
7. Estimated cost of project?		
8. Estimated project duration?		
9. Project Manager		
Name:		
Title:		
City:		
E-mail:		
Phone:		
10. Is the Project Manager responsible for implementing and updating traffic signal timings in the future? (y/n)		
11. If answer to Q10 is No, please identify the appropriate individual		
Name:		
Title:		
City:		
E-mail:		
Phone:		
<i>If there are any questions, please contact:</i>  <i>Xiao Qin, ITS Planner, MAG at (602) 452-5039</i>		

